



**INFORMATION RELEASE AUTHORIZATION
FOR BACKGROUND INVESTIGATION**
OFFICE OF MANAGEMENT AND BUDGET
SFN 58613 (8-2007)

BCI Use Only

Check # _____ Amount \$ _____
Receipt # _____ SID # _____
Dept # _____ Div # _____

General Instructions

Pursuant to NDCC 12-60-24 and/or in connection with my actual or potential employment with the state of North Dakota, I understand that investigative background inquiries are to be made on myself. I understand that the State will be requesting information from federal and state agencies which maintain records concerning criminal activity.

To Be Completed by Hiring Authority* – Please Print

Hiring Agency Name		Hiring Agency Department Number	
Address		City	State ND Zip Code
Telephone Number	Fax Number		

To Be Completed by Applicant – Please Print

Last Name	First Name	Middle Name	
Other Name(s) Used (Maiden, Former, AKA, etc.) Last	First Name	Middle Name	
Current Address	City	State	Zip Code
Social Security Number	Date of Birth		

As an employee or applicant for employment with the state of North Dakota, I understand that a criminal background records check will be completed by the North Dakota Bureau of Criminal Investigation (BCI). I hereby waive and release the state of North Dakota, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

- ☐ I affirm that I have never been convicted of a crime
☐ I acknowledge that I have been convicted of the crime of _____

I agree that it is my responsibility to be fingerprinted at a local law enforcement facility using the fingerprint cards provided to me by the State. My fingerprints are to be used by BCI for matching purposes. I have been advised that I have a right to review the information obtained by the State through this process.

A photocopy of this signed release shall have the same force and effect as the original release executed by me below.

Applicant's Signature _____ Date _____

Privacy Act Statement: In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to locate information regarding any potential criminal activity.

*Hiring Authority – Forward this form signed and fully completed, two completed fingerprint cards, and if paying by check, a copy of the voucher for payment to BCI to: **Risk Management Division, 1600 East Century Avenue, Bismarck ND 58503**, for processing.